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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)								0	ffice use	only			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Examover	nple: If typy the lines	ing, type		12F	E4M	_	I I I	Only			
Carol Shea-Po	orter for Congress	§ 		<u> </u>	1 1			1 1		1.1	1.1			لــــــــــــــــــــــــــــــــــــــ
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ADDRESS (number and	street)	3ox 453										—		<u>—</u>
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is changed)	Roch	nester	ш	ш]	LNI	1	Ь	03	866	-Ц		Ш
CITY▲							STATE▲ ZIP CODE :							
COMMITTEE'S E-MA	IL ADDRESS rcongress.com													ı
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COMMITTEE'S WEB	PAGE ADDRESS (U	RL)												
http://www.ca	arolforcongress.c	om 		<u> </u>	1 1	1 1	1 1	1 1	1 1	1 1	1 1		ı	Ш
COMMITTEE'S FAX N	NUMBER													
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2. DATE 1.2	M / D D / Y	2008 [°]												
3. FEC IDENTIFICA	ATION NUMBER	(C C00	419978										
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMEN	IDED (A))								
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is	rue, corre	ct and	comp	ete						
Type or Print Name of	Treasurer	C Ann Welsh												
Signature of Treasure	Electronically File	d by C Ann Wel	sh			Γ	ate	м 1	2 ^M	^D C	06	YYY	2 0 (0 8 [°]
NOTE: Submission of fa		nplete information may								of 2 U.	S.C. S4	37g.		
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